



# Prevention and Control of Chronic Disease

ANNUAL REPORT of the  
Advisory Committee



Chronic Disease  
Committee

MICHIGAN DEPARTMENT OF PUBLIC HEALTH



1989

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## **Chronic Disease Advisory Committee: Executive Committee**

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**John C. Floyd, Jr., MD, Diabetes, Ann Arbor**

**Joyce Kortman, MRE, Diabetes, Holland**

**John Pearce, MD, Science, Grand Rapids**

**Linda Trowbridge, MSN, Public Member, Detroit**

**Larry Vert, Arthritis, East Lansing**

## **Chronic Disease Advisory Committee: Membership**

**Erwin Bettinghaus, PhD, Cancer, East Lansing**

**Don E. Coleman, PhD, Pulmonary, Lansing**

**Robert Cottman, RPT, Public Member, Southfield**

**Robert D. Gibson, MD, Public Member, Newberry**

**Sid Gilman, MD, Dementia, Ann Arbor**

**Victor Hawthorne, MD, Kidney Disease, Ann Arbor**

**Samuel Indenbaum, MD, Arthritis, Franklin**

**Karen Krzanowski, MA, Pulmonary, Okemos**

**Nancy Lombardo, PhD, Dementia, Bloomfield Hills**

**John D. McPhail, MA, CRC, Cardiovascular Disease, Lansing**

**Lawrence L. Murray, Jr., Aging, Grand Rapids**

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## From the Chairperson

The Chronic Disease Advisory Committee had another productive year in 1989. The Arthritis Subcommittee sponsored a "Legislative Day for Arthritis." This was such a rousing success it will be an annual event. The Cancer Subcommittee and its Breast Cancer Task Force completed **Breast Cancer Screening and Detection in Michigan: Recommendations to Reduce Mortality.** The Michigan Tobacco Reduction Task Force worked hard all year to produce recommendations for reducing the use of tobacco products in Michigan. These recommendations are contained in the book **Tobacco-Free Michigan 2000.**

The Cardiovascular Disease Subcommittee of the CDAC is giving priority to developing recommendations for a statewide cardiovascular risk reduction plan. Its Cholesterol Subcommittee has completed **Public Cholesterol Screening in Michigan: Interim Recommendations.** The Dementia Subcommittee has already completed its state plan, **Michigan Dementia Programs: Interim Recommendations.**

A boost was received in the MDPH Dental program and CDAC Dental Subcommittee when two residents were assigned to MDPH. Needs assessments and continuation of dental services to school children residing in communities with few dental services are two of their projects.

The Diabetes Subcommittee has increased its membership by nine to build minority representation, to improve its geographic and professional diversity, and to include persons from diabetes support groups. Genetics Subcommittee members have been monitoring the implementation of the state mandated Newborn Screening Program. The Kidney Disease Subcommittee is reviewing its mission and constitution to better respond to state-of-the-art public health knowledge on prevention of kidney disease, which has recently become available.

Three grants were awarded by the Science Subcommittee through the Pathway to Health program. And, the new Spinal Cord/Traumatic Brain Injury Subcommittee has been very active in their first year in developing a statewide registry and resource directory.

In December, a study from the Centers for Disease Control was released which ranked Michigan as worst of all 50 states in terms of age-adjusted chronic disease mortality. The CDAC's activities for 1990 include development of a State Chronic Disease Plan. Hopefully, this will reduce chronic disease mortality in Michigan through implementation of the plan over the next several years.



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## Arthritis

The Arthritis Subcommittee adds needed visibility at all levels of state government, primarily through the Chronic Disease Advisory Committee. The Subcommittee provides expertise and awareness through its membership from across the state.

The Osteoporosis Prevention Project is in its third year of funding. The overall goal of this four year project is to design tools and procedures to better identify women at risk for osteoporosis and develop, evaluate and disseminate an exercise and educational program to modify identified risk factors. Exercise protocols were developed during project year one and were evaluated using a randomized controlled study design during project year two. The written material for field testing, including instructor, participant, and training manuals is underway. An educational booklet, designed to help the public and health professionals identify persons at risk for osteoporosis and to promote the program at selected community sites will be revised during the third year. In order to insure that the benefits of the osteoporosis/arthritis initiative are maintained upon completion of the project, an Arthritis/Osteoporosis Advisory Committee will be established. This Advisory Committee will assist project staff in developing a plan for the ongoing implementation of the osteoporosis program.

On September 27th, the Subcommittee sponsored its first annual Legislative Day for Arthritis. The program included presentations on "Political and Economic Issues That Affect People with Arthritis," "Advocacy," "The History of the Arthritis Foundation Government Affairs Committee in Michigan" and "Legal Rights of Volunteers". Senator Phil Arthurhultz provided a stimulating keynote address. The program concluded with a trip to the Capitol and visits with Michigan legislators. Issues of legislative importance included arthritis awareness, the Osteoporosis Prevention Program and payment for nonsteroidal anti-inflammatory drugs under Medicaid. The Legislative Day was such an enormous success that it will become an annual event.

Access to total care for persons with arthritis continues as a major issue. Barriers to care can be divided into the following areas: health insurance, inpatient care, outpatient health care services, specialized medical care, vocational rehabilitation services, Social Security services, re-

lated services for children and underserved arthritis populations. The National Arthritis Foundation Government Affairs Committee has produced a report on **Access to Total Care for People with Arthritis**, available on request.

An "Arthritis Plan" is being developed for presentation to the CDAC which would identify and evaluate public health needs relative to arthritis in Michigan and alternative interventions for addressing those needs. An advisory committee is being selected which will represent the arthritis community. This plan, following its acceptance by the CDAC, should provide a framework for future program emphasis and public health policy development around arthritis.

In 1990, efforts will continue to build visibility for arthritis at all levels of state government. To accomplish that, there will be the need for continued support of the Osteoporosis Prevention Program along with practical applications, pending positive results, in the community setting. The completion of the Arthritis Plan and the continuation of an Arthritis Legislative Day will be focused on in 1990. Access to health care will remain an important issue. Solutions to access to health care problems will likely come as a result of coalition with other chronic disease interest groups.

## Cancer

The Michigan Cancer Consortium (MCC) continues to provide cancer expertise and advice to the Department and the Cancer and Tobacco Unit. The MCC also serves as a vehicle for consensus-building on policies related to cancer control. Three meetings were held during 1989. In addition, the MCC has two very active Subcommittees which met frequently: the Breast Cancer Task Force (BCTF) and the Tobacco Reduction Task Force (TRTF). The BCTF was chaired by G. Marie Swanson, Ph.D. and co-chaired by Janet Osuch, M.D. and Barbara Threatt, M.D. The TRTF was chaired by Erwin Bettinghaus, Ph.D. and co-chaired by Alberta Tinsley-Williams.

The Breast Cancer Task Force submitted for MCC approval its document: **Breast Cancer**

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**Screening and Detection in Michigan: Recommendations to Reduce Mortality**, it was approved by the MCC in June. The document is targeted to health care providers and describes the coordinated system of care needed to increase the likelihood that Michigan women receive appropriate screening and detection services. It will be available for distribution in early 1990. The MCC and the BCTF actively supported five breast cancer bills introduced in early 1989 by Representative Maxine Berman and signed into law by Governor Blanchard in June, 1989.

The BCTF provided advice to the Department regarding implementation of the new Breast Cancer Mortality Reduction Program created by Public Act No. 56 of 1989, including the provisions for quality assurance in mammography facilities. The BCTF formed a work group to advise the Department about educational activities. During 1989, the BCTF's Professional and Public Education work group revised the Informed Consent booklet which is required by law to be given to every person newly diagnosed with breast cancer before treatment is initiated. This revised booklet is in the final stages of development and will be available in mid-1990.

The Michigan Tobacco Reduction Task Force was appointed by State Health Director Raj Wiener early in 1989. The TRTF was made up of 45 individuals representing a broad range of organizations with an interest in tobacco reduction, including education, public health, labor, the medical, dental and nursing communities, state and local policy makers, and others. They were chosen for their interest and expertise, and also for their ability to ~~congratulation~~ in the organizations and communities they represent.

TRTF members developed more than 40 recommendations for reducing the use of tobacco products in Michigan by half (i.e., to 15% or less) by the year 2000. The recommendations include strategies for preventing young people from developing tobacco habits and assisting current tobacco users to quit. Several recommendations also speak to the public health responsibility to protect nonsmokers from the toxic effects of environmental tobacco smoke. Strategies appropriate for local, state, and national levels are included, which together will make a significant impact on tobacco-related disease in Michigan. The TRTF presented its report *Tobacco-Free Michigan 2000* to Raj Wiener in November. The Director released the report to the public in January, 1990.



Governor Blanchard creates the Breast Cancer Mortality Reduction Program by signing PA 56 into law

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The MCC provided advice to the Cancer and Tobacco Unit regarding submission of its year three application to the National Cancer Institute for continuation funding. The MCC made recommendations about the focus of the Request for Proposals for a grant award to be made by the Unit in September for research regarding breast cancer screening and detection in the worksite.

Barbara Tilley, Ph.D., served as the MCC representative to the Department's Cervical Cytology Task Force, which is investigating issues related to cervical cytology examinations in Michigan. A set of recommendations is expected in early 1990.

In 1990, the MCC will continue to guide the Cancer and Tobacco Unit and the Department as

applications are submitted for funding to conduct additional activities in cancer control, including the application in 1990 for a competitive renewal grant from the National Cancer Institute.

The MCC will advise the Department on actions to be taken based on the recommendations of the Cervical Cytology Task Force. The MCC will continue to provide assistance to the Department as it proceeds to plan and implement its statutorily required Breast Cancer Mortality Reduction Program and its new Tobacco Control Program, funded in 1989 by a grant from the Centers for Disease Control. The MCC also will continue to advise the Department regarding policies and strategies to reduce cancer mortality in accord with the goals for cancer control by the Department.



Michigan Department of Public Health Director, Raj M. Wiener, congratulates the Chairpersons of the Tobacco Reduction Task Force, Erwin Bettinghaus and Alberta Tinsley-Williams

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## Cardiovascular Disease

The Cardiovascular Disease (CVD) Subcommittee of the CDAC makes program and policy recommendations regarding issues affecting the cardiovascular health of Michigan's citizens. The Committee addresses both the risk factors for cardiovascular disease and their relationship to other diseases.

Michigan continues to face a critical challenge to prevent the effects of cardiovascular disease. National and state reports have shown the following:

- Heart disease, the leading cause of death, was responsible for the deaths of 30,521 Michigan residents in 1987 (the last year for which data are available). That was more than the number of deaths from the next four largest categories combined.
- Michigan has the second worst incidence of age-adjusted ischemic heart disease mortality in the nation.
- A Northwestern National Life Insurance Company (1989) ranked Michigan 48th worst of 50 states in relation to general health.
- Michigan is reported by the Centers for Disease Control to have the worst age-adjusted chronic disease mortality in the nation (1989).

To meet these challenges, the Cardiovascular Disease Committee is giving priority to developing recommendations for a statewide cardiovascular risk reduction plan. The plan will encompass priority target groups such as youth and minorities, as well as addressing the needs of the community as a whole. A Steering Committee has been selected and is charged with the development of the CVD plan. They currently are working on problem and resource documentation, mission and goal statements, as well as considering major issues such as limited resources, means of collaboration and evidence of efficacious interventions. It is anticipated that the plan will be released later in 1990.

The Cholesterol Subcommittee completed their task of developing recommendations for adult public cholesterol screening programs in Michigan. The report, *Public Cholesterol Screening in Michigan: Interim Recommendations*, was approved by the CVD Committee in the spring.

Since the report was approved, it has been disseminated to health professionals, circulated to representatives of state and federal agencies, and presented at two out-of-state conferences. Key areas discussed in the report are program



administration, participant recruitment, laboratory measurement, licensure/registration, safety and infection control, screening environment, staff training, participant education, referral and follow-up. The report advises strategies that would provide for safe, accurate, effective cholesterol screening programs and incorporates multifactor risk assessment into the recommendations.

Plans for 1990 include continued dissemination of this report, encouragement of legislative action, working with the legislature to translate report recommendations into law, and supporting training programs which follow procedures outlined in the report.

A growing concern about abuse of anabolic steroids in schools and the potential risk for cardiovascular disease led to the inclusion of questions about steroid use in the Fourth Annual Michigan Department of Education High School Student Survey. An MDPH grant, through Pathway to

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Health, and additional support from the Michigan High School Athletic Association made this effort possible. Twelve high schools have participated, and results, due in early 1990, are being compiled through Project Outreach of the Michigan Department of Education. Continuing concern about this problem has led to the passage of a bill, HB 4081, in the Michigan House of Representatives. This bill will prohibit use, distribution and possession of anabolic steroids under certain circumstances. The bill is currently in the Senate and is anticipated to be approved.



## Dementia

Three laws were passed in Michigan in December, 1988, which established the Dementia Program of the Michigan Department of Public Health (MDPH). These laws require the Department to:

- develop plans for a statewide network of centers for the diagnosis and assessment of dementia (PL 443),
- plan a statewide brain autopsy service and tissue repository (PL 441), and

plan and implement a state registry of chronic dementia (PL 442).

The Dementia Subcommittee of the CDAC has completed its state plan, entitled *Michigan Dementia Programs: Interim Recommendations*, which outlines the strategies necessary for implementation of the MDPH Dementia Program. The next significant milestone will be to distribute copies of the state plan to all parties with a role to play and an interest in the problem. Then, the Dementia Program staff will act to obtain consensus and support of the plan from the many service providers and others involved in helping persons and families struggling with dementia.

At the same time, more detailed plans are being formulated for each of the three major elements of the state program, carrying the state much further in implementing its program goals. The first of these, *Dementia Postmortem Examination Program: Interim Recommendations for Michigan* was published in December, 1989. The MDPH Office of Vital and Health Statistics is working to establish a pilot program to develop operating policies and rules for a statewide dementia registry. Finally, the detailed development of the diagnostic and assessment network will begin shortly.

The Dementia Program's achievements during 1989 include receiving its first legislative appropriation plus a full-time position; being awarded a grant of \$55,000 from the Pathway to Health Program of the CDAC to fund the start-up of the registry, and putting together a dedicated staff to take on the arduous tasks ahead. The Program also carried out the rule change necessary to add dementia to the Public Health Code list of chronic diseases, and assisted the University of Michigan Department of Neurology with its successful grant application for a national Alzheimer's Disease Research Center, totalling over \$6 million dollars over the next five years. Most importantly, the Program has offered a vehicle to many dedicated and hard working volunteers to design, develop and implement programs serving a previously unrecognized and underserved population: persons suffering from dementia and their families.

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## Dental

The Dental Subcommittee Report, *Dental Health in Michigan: Examining the Barriers*, initiated an increased awareness of dental problems in the state. One result of this effort was the establishment of a Dental Residency Program at the Michigan Department of Public Health. Through the University of Michigan School of Public Health, two licensed dentists with master's degrees in public health have been assigned to MDPH as part of their residency requirement for board certification in the specialty of Public Health Dentistry. One of the residents is supported by Delta Dental Plan of Michigan, Inc., and the other through the University of Michigan.

One of the residents is surveying all local dental programs to identify services currently being provided, target populations, funding sources, and unmet needs in the area. The other resident is working with the Western Upper Peninsula District Health Department to ensure the continuation of dental services to school children in low dental manpower communities. Private funding is being sought to replace the current mobile dental unit, which is beyond repair.

Several Subcommittee members participated in a conference of local dental public health programs held at MDPH in September. This meeting provided a forum for the local programs to share information and assist the Department in long range planning to address the unmet needs in the state.

The Dental Subcommittee has targeted the following three goals for the coming year:

- To develop a five year plan of goals to assist the MDPH in prioritizing future program activities,
- To support the development of a resource directory of services and activities conducted throughout the state,
- To actively seek support for the establishment of a permanent dental residency program for the MDPH.

## Diabetes

The purpose of the Diabetes Policy Advisory Council (DPAC) is to function in an advisory capacity to the Department's statewide Diabetes Control Program (DCP) and to provide support for diabetes programs and related issues.

Council membership increased this year from 25 to 34 members. New members were added to increase minority representation on the DPAC, to improve its geographic and professional diversity, and to include individuals from the Juvenile Diabetes Foundation and diabetes support groups.

Council members actively worked to support the American Diabetes Association's efforts to expand coverage under the Department's Crippled Children's Program to include all children with diabetes. Letters were sent from several DPAC members to legislators on this issue, and members also testified before the House Appropriations Committee. Several DPAC members offered testimony at statewide forums, sponsored by the Office of Health and Medical Affairs, on development of the new state health plan.

The DPAC also provided support for the effort to establish a Diabetes Education and Minority Health Coalition. The principal aims of the coalition effort are the establishment of a comprehensive service delivery system for diabetics with special emphasis on assuring access and availability of services to minorities, and including the designation of outpatient diabetes education as a basic health service, and ensuring that diabetes education services are linguistically and culturally appropriate in their design and delivery.

The Diabetes and Pregnancy Committee, a DPAC subcommittee, has sponsored educational programs around the state based on the Department's diabetes and pregnancy guidelines. The Committee has also been working on gaining additional endorsements for the guidelines. At the suggestion of the Committee, the Department is preparing a short flyer for patients on diabetes and pregnancy.

The Upper Peninsula Diabetes Outreach Network continues to be supported by the Department and this year, a contract was established with the Genesee County Health Department for the development of a network targeted at minority communities in the Flint area.

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In 1990, the DRAC will try to accomplish the following:

1. Advocate for broadening coverage of the Michigan Crippled Children's Diabetes Program and increased use of the broadened program by eligible persons.
2. Encourage and support development of demonstration projects in the chronic complications of diabetes (i.e., eye disease).
3. Provide advice on and support efforts of the Diabetes Education and Minority Health Coalition.
4. Maintain effective communication with and understanding of the Department of Public Health and its Diabetes Control Program.
5. Advocate for diabetes programs to the legislature.
6. Interact with Congress and federal agencies, including the Centers for Disease Control in support of efforts to increase funding and improve outcomes for those with diabetes.
7. Promote consideration of the frail, high risk elderly as a target population.
8. Support continued, adequate funding for UPDON and the newly established Urban Diabetes Network in Genesee County.

## Genetics

The Genetics Disease Advisory Committee provides advice to the MDPH Bureau of Community Services on implementation of genetic education, diagnosis, screening, and counseling programs. A continuing goal is ensuring access to genetic diagnostic counseling, education, and newborn screening services to all residents of Michigan needing them.

The Committee supported the transfer of the Genetics/Newborn Screening Program from the Eastern Regional Division to the Division of Services to Crippled Children within the Bureau of

Community Services. The move was viewed as appropriate because of the following reasons:

1. the statewide nature of the program;
2. a common focus on infants and children;
3. the provision of services through crippled children's clinics;
4. the need for a more clinically-oriented oversight of the program, and
5. because the primary relationships were within hospitals and other health care providers.

Therefore, the Genetics Unit was placed in the Clinical Consultation Section of the Division.

A major activity involves monitoring the implementation of the Newborn Screening Program, mandated by P.A. 14 of 1987. As of September 30, 1989, 341 infants have been diagnosed, including 193 with one of the hemoglobinopathies, 89 with hypothyroidism, and 65 with one of the metabolic disorders. The Committee continues to evaluate and suggest improvements to the current system of follow-up and referral to insure that infants with these disorders are found and treated. Supplemental federal funding of \$90,000 for improvement of newborn screening laboratory testing and follow-up was applied for and obtained.

Another activity was development and review of the Genetics and Newborn Screening Report requested by the legislature in House Bill 4341, Section 1112. The purpose of the report was to document and account for programs supported by the newborn screening fee. The fee is \$20.00 per birth, and funds were distributed to provide administration and follow-up (21%), laboratory testing (31%), medical management (41%), and the birth defects registry (7%). The report also contains a detailed cost/benefit analysis of the program.

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## Kidney Disease

September 8, 1989 marked the twentieth anniversary of the Michigan Kidney Registry (MKR). The celebration involved a presentation by Friedrich K. Port, MD, Director, on the impact of the MKR on patient care in Michigan. In the reception that followed, guests were addressed by Joseph E. Johnson III, MD, Dean, University of Michigan Medical School, Raj M Wiener, JD, Director, Michigan Department of Public Health, Victor M. Hawthorne, MD, Chair, Kidney Disease Advisory Committee (KDAC), Sidney Baskin, MD, Past President, National Kidney Foundation of Michigan, and Darrell A. Campbell, Jr., MD, President, Transplantation Society of Michigan. Plaques were presented to Dr. Port from the National Kidney Foundation and MDPH.

The year was also notable for the completion of the final report to the federal Health Care Financing Administration on the five year study of the relative effectiveness and costs of transplantation and dialysis in end-stage renal disease. Based on Michigan Kidney Registry (MKR) data, this study, for which the KDAC had acted as the scientific advisory committee, included assessment of quality of life, as well as survival experience and dollar costs associated with the different modalities of care. The findings, when released, will place Michigan as a leader once again in the public health aspects of the control and prevention of kidney disease. The report will provide the basis for programs of primary prevention to delay or arrest progress to end-stage renal disease and also for programs of secondary prevention to reduce mortality, especially from coronary heart disease after the onset of end-stage renal disease.

1989 also marked the publication of the first annual report of the United States Renal Data System, whose content and concepts were largely developed here in Michigan. The success of the Michigan Kidney Registry attracted the attention of the Urban Institute, a private non-profit organization for policy research and education, and the two institutions jointly responded to a National Institutes of Health request for proposals to develop a national registry for kidney patients. Kidney health intelligence will now play a wider and more significant role in other states.

In anticipation of availability of these rich new informational resources, a review was conducted of the mission and the constitution of the KDAC is

being restructured. The aim was to provide the means to respond to new leads emerging from the HCFA and other studies. These will include ethnic disparities in organ distribution and patient survival, as well as education in prevention. Since summer 1989, a small steering committee has extensively reviewed the purposes and composition of the kind of activities that could be undertaken by the KDAC to fully apply the new public health mission to kidney disease. Results of this review should be ready by mid-1990. As well as keeping the Michigan scientific community in the forefront, the prime aim will continue to be to serve the medical and psychosocial needs of the Michigan patient.

## Science

Given the promise of realistic approaches to extending both the number of years and the quality of life, health leaders in the Michigan legislature requested development of a process for considering alternative approaches and program priorities in chronic disease/health promotion from the standpoint of: scientific merit, cost and effectiveness, the number of citizens that could benefit, and the time needed to obtain results.

The Pathway to Health program supports a process whereby potentially beneficial interventions can be given careful scientific scrutiny. The process is guided by a Scientific Review Panel of the CDAC. New program initiatives, review of existing activities, and debate of chronic disease problems are all provided for in this program. The CDAC has invited problem statements as well as discourse on plans, programs, and chronic disease priorities. Based on the Scientific Review Panel's recommendations, the CDAC makes funding recommendations to the Department's Division of Research and Development. Grants and agreements for approved small projects are then completed, and any large scale programming recommendations can be forwarded to the State Health Director for consideration in future budget requests.

During 1989, the Science Subcommittee reviewed six proposals. Of these, three were recommended for funding under Pathway to Health.

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After these recommended projects were presented to the full CDAC and they were approved, the grants were awarded.

A study conducted by Project Outreach, Michigan Department of Education, will measure the prevalence of anabolic steroid use among Michigan high school athletes. This study has potentially important implications for such chronic diseases as stroke, cancer, and heart disease. The data for this study have been collected, entered into a computer system, and analyzed. A report of the findings is currently being prepared.

The Michigan Cancer Foundation was funded to conduct the "Self-Help, Minimal Contact Smoking Cessation Program." This program will be offered in sites easily accessed by community residents. It proposes to demonstrate that professional and lay leaders can be trained to continue this method of smoking cessation programming, and that community residents will participate in these sessions. It is specifically aimed toward minority, low income persons wishing to stop smoking (although all persons requesting this program will be welcomed). The pilot testing for training volunteer facilitators for this program has been completed. The response to this pilot study training was exceptional; also, this resulted in modification of the program and evaluation instruments. A second group of volunteer facilitators is being trained in February. Two separate smoking cessation groups have also been offered, as a result of smokers calling the Michigan Cancer Foundation and asking for help. Agencies and institutions have also called, wishing to refer clients to this program. This level of interest is very encouraging, given that publicity for the program won't begin until the facilitators are trained.

Finally, a pilot project was funded to create a Registry for Alzheimer's and Other Dementing Diseases. A list and description of reportable diagnoses to be collected by the registry has been compiled and refined. A working draft of a report form which contains the minimum data set for state dementia registries has also been completed, with assistance from researchers at Henry Ford Hospital and the University of Michigan Hospitals. A manual to accompany this reporting form is also finished. A working draft of the form for reporting autopsy results, and a manual to standardize this reporting have also

been completed. A data entry program is currently being developed, based on current draft forms. The data management, analysis and storage systems are also being developed. Contacts have been made with researchers and clinicians to begin the pilot project at Henry Ford Hospital, the University of Michigan Hospitals, and St. Lawrence Hospital. A letter of intent to participate in the pilot project has also been received from William Beaumont Hospital. The data collection portion of this project will begin in the very near future.

## Spinal Cord/Traumatic Brain Injury

Public Act 122 of 1988 mandated that the Michigan Department of Public Health establish a registry to record information concerning cases of spinal cord injuries (SCI) and traumatic brain injuries (TBI) that occur in Michigan. In addition, PA 122 requires that a sixteen member Spinal Cord/Traumatic Brain Injury Advisory Committee (SCTBIAC) be created as a standing subcommittee of the Chronic Disease Advisory Committee, with the following responsibilities:

1. Determine the elements, scope and quality of a SCI/TBI registry and provide advice and expertise to the Department regarding research and other activities related to both the prevention of SCI/TBI and support for individuals suffering from SCI/TBI.
2. Review compiled epidemiological data regarding SC/TBI and recommend and advocate appropriate prevention and control measures.
3. Provide interested parties with a comprehensive and annually updated list of health care providers and health facilities that specialize in SCI/TBI treatment and other appropriate services.
4. Serve as an effective advocate for individuals with SCI/TBI in all government decisions.
5. Report biennially to the legislature on the activities of the advisory committee.

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Although this legislation did not take effect until April 1, 1989, a meeting was held in February to review the Act and set up the advisory committee's structure and responsibilities. Four speakers discussed different aspects of SCI/TBI registry implementation and management.

The SCTBIAC met quarterly, starting in April, to carry out the mandated responsibilities. Three subcommittees were formed to address specific issues and tasks:

- Services: Responsible for the creation and dissemination of the Health Care Provider/Facility Directory,
- Scientific/Research: Responsible for establishing injury definitions, registry content, reporting rules and forms, and quality control, in addition to making recommendations for SCI/TBI prevention and control,
- Advocacy/Policy: Responsible for advocacy activities and policy recommendations.

Bylaws were forwarded from the SCTBIAC to the CDAC in July.

**Services:** In interpreting and carrying out its directive to develop and disseminate a health care provider/facility directory, Subcommittee members determined that it would be necessary to collect information from potential providers, since no comprehensive and up-to-date listing currently exists. A mailing list was compiled from lists submitted by Subcommittee members. A questionnaire was developed for data collection which focused on the critical data elements that would provide the most useful information for intended users, such as organizational contacts and basic services provided. The questionnaire was finalized and is ready to be formatted and printed in an optical scan format.

The Services Subcommittee will continue to seek additional funding to support questionnaire printing and mailing, and directory printing and dissemination. Once sufficient funds are available, the computerized database will be created and plans for directory dissemination will be finalized.

**Scientific/Research:** Injury definitions for future registry reporting rules are being drafted for review by the Michigan Hospital Association and

the SCTBIAC. Drafts of reporting forms have been constructed; however, forms cannot be finalized until the reporting scheme and variables have been determined by the committee.

The rules will be distributed to SCTBIAC members for their comments and final approval. The rules will then be submitted to the MDPH to begin the official rule approval process. Public hearings will be scheduled for the spring of 1990. Meanwhile, reporting forms and training manuals will be developed and distributed to the reporting hospitals. Training sessions will be held at several sites in the state prior to the rules taking effect.

**Advocacy/Policy:** The main issues addressed are advocacy and funding. Members will be preparing their constituents to present comments in support of the rules at the public hearings. A rule analysis is being prepared which describes the rationale, pros and cons, and costs of implementation of the registry for distribution to people who are interested in attending the hearings.

A FY 1991 budget was proposed and sent to the MDPH with a request that it be included in the Department's 1991 budget proposal.

During the next year, members will continue to prepare constituents for public hearings around the state and will continue to seek additional sources of funding for the registry and directory. A member will be appointed to keep abreast of activities in Washington, D.C., that affect SCI/TBI survivors and their families.

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## The Chronic Disease Advisory Committee

The Public Health Code of 1978 mandated the establishment of a Chronic Disease Advisory Committee (CDAC), which is charged with advising and assisting the Department of Public Health in implementing Part 54, Chronic Diseases.

A chronic disease is defined as "an impairment or deviation from normal, having one or more of the following characteristics: is permanent, leaves disability, or requires rehabilitation or long periods of care."

The Committee is appointed by the Governor, with the consent of the Senate, and serves "at the pleasure of the Governor." The current committee is comprised of 24 members. There are both professionals and consumers in the group; strong efforts are made to assure broad representation by professional discipline and geographic area.

The Committee includes persons who represent various chronic disease constituencies. Arthritis, cancer, cardiovascular disease, dementia, dental health, diabetes, genetic disease, kidney disease, pulmonary disease, and spinal cord/traumatic brain injury. In addition, one member represents the health sciences and several members represent the consuming public. Representation would be extended to include any other disease designated as a "chronic disease" by the Michigan Department of Public Health.

Authority: Act 368, P.A., 1978, as amended

HP-124

"The Michigan Department of Public Health will not discriminate against any individual or group on the basis of race, color, religion, national origin or ancestry, age, sex, (or marital status), or handicap".

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